CLAIMS ONLY

Application Number	Filing Date
10-737412	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
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13						
14						
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41						
42						
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45						
46						
47						
48						
49						
50						
Total Indep	2					
Total Depend	14					
Total Claims	16					

*		*		*	
Indep	Depend	Indep	Depend	Indep	Depend
51					
52					
53					
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98					
99					
100					
Total Indep					
Total Depend					
Total Claims					